## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS**

~	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

	÷	Restricted	0	Objected	•
Claim	Date	Claim	Date	Claim	Date
Final Original		Final Coriginal		Final	
20		51 🗸	+++++	101	
3 🗸		53		103	
4 0	<del>+++++</del>	54 <b>Ö</b>	++++	104	-
(B) (O)		56 <b>V</b>		106	<del></del>
7   8	+	58	+++++	107	
9		59		109	
10		60		110	
12	+++++++++++++++++++++++++++++++++++++++	62	+++++	111	
13		63		113	
14 1	+++++	65		114	
16		66 0		115	<del></del>
17		67 6		117	
18	<del>                                     </del>	69	+++++	118	
20	<del>                                     </del>	70 0		120	<del>-                                     </del>
21		71		121	
22 23	<del>                                     </del>	72 73 7		122	
24		74		124	<del></del>
25 V 26 V	+	75 76		125	
27	<del>                                     </del>	77	+++++	126	<del>                                     </del>
28		78		128	
30	<del>                                     </del>	79	+++++	129	
31		81	+++++	131	<del>-                                     </del>
33		82		132	
34 O	<del>                                     </del>	84		133	<del></del>
35		85		135	<del>                                     </del>
37 0	<del>╿╴╿</del> ╶╿╌┦╌┦╌┦╌┦	86		136	
38 /		88		138	<del></del>
40		89		139	
41		90	+++++	140	<del>                                     </del>
42		92		142	<del></del>
43		93		143	
[45] 🗸	<del>╎╏╸</del> ╏╌╏╌╏╌╏	94 95		144	
, 46 1		96		146	╫┼┼┼┼
47		97		147	
49	<del>┝╶┠</del> ╌╂╌╂╌╂╌┦╌┦	98		148	
50		100		150	<del>+                                     </del>

If more than 150 claims or 10 actions siaple additional sheet here

(LEFT INSIDE)

Best Available Copy

1